ELECTION INSPECTOR APPLICATION

	NAME OF CITY	OR TOWNSHIP		
(Complete in your own handwriting and return	to your local City/Township C	Clerk)		
Personal Information				
Full Name				
Date of Birth//		Email Addres	S	
Home Address	9			
Phone #'s Home:	Work:		Cell:	
☐ City				
Registered in Township of			nct #	Ward #
County of				
Political Party Affiliation (REQUIRE	D; must be a recognize	ed state party & may	not be Indeper	ndent):
☐ Republican ☐ Democratic	Libertarian	U.S. Taxpayers	Green	☐ Natural Law
Have you ever been convicted of	a felony or election c	rime? Yes	□ No	
Education and Experience Inforn	nation			
Education Background (include hig	hest grade completed	or degrees held)		
Employment Background (include	current or last place of	employment and typ	oe of work perfo	ormed)
Languages other than English tha	t you speak (if any)_			
Please rate your computer experient	= not experienced, 5		ed	dfs, etc.):
Past experience as an election ins	spector, if any (include	name of jurisdiction	1)	
Do you have transportation?	Yes 🗆 No			
Will you work at any polling place?	?	If not, explain:_		
Signature and Certification	SESTEMBER STOR			
I CERTIFY THAT I am not a men identified above. I FURTHER CEF and belief.				

* A "known active advocate" of another political party is defined to mean a person who 1) is a delegate to the convention or an officer of another party 2) is affiliated with another party through an elected or appointed government position or 3) has made documented public statements specifically supporting by name another political party or its candidates in the same calendar year as the election at which the person will serve as an inspector. "Documented public statements" means statements reported by the news media or written statements with a clear and unambiguous attribution to the applicant.

ANY FALSE STATEMENTS MADE ON THIS APPLICATION WILL DISQUALIFY THE APPLICANT.

Signature of Applicant